

117TH CONGRESS
1ST SESSION

S. 1457

To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 29, 2021

Mr. MARKEY (for himself, Ms. WARREN, Mr. WHITEHOUSE, Ms. BALDWIN, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Support, Treatment, and Overdose Prevention of
6 Fentanyl Act of 2021” or the “STOP Fentanyl Act of
7 2021”.

8 (b) TABLE OF CONTENTS.—The table of contents for
9 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Findings.

TITLE I—FENTANYL RESEARCH AND EDUCATION

- Sec. 101. Enhanced fentanyl surveillance.
- Sec. 102. Collection of overdose data.
- Sec. 103. Fentanyl detection.
- Sec. 104. GAO report on international mail and cargo screening.
- Sec. 105. Contingency management program.

TITLE II—OVERDOSE PREVENTION AND SUBSTANCE USE DISORDER TREATMENT PROGRAMS

- Sec. 201. NAM report on overdose prevention centers.
- Sec. 202. Naloxone.
- Sec. 203. Good Samaritan immunity.
- Sec. 204. Medication-assisted treatment.
- Sec. 205. Telehealth for substance use disorder treatment.
- Sec. 206. Grant program on harms of drug misuse.
- Sec. 207. Opioid treatment education.

TITLE III—PUBLIC HEALTH DATA AND TRAINING SUPPORT FOR FENTANYL DETECTION

- Sec. 301. Public health support for law enforcement.
- Sec. 302. Report on countries that produce synthetic drugs.
- Sec. 303. Grants to improve public health surveillance in forensic laboratories.

1 **SEC. 2. DEFINITIONS.**

2 In this Act, except as otherwise provided:

3 (1) The term “Assistant Secretary” means the
4 Assistant Secretary for Mental Health and Sub-
5 stance Use.

6 (2) The term “Secretary” means the Secretary
7 of Health and Human Services.

8 (3) The term “fentanyl-related substance” has
9 the meaning given the term in section
10 1308.11(h)(30)(i) of title 21, Code of Federal Regu-
11 lations (or successor regulations).

1 **SEC. 3. FINDINGS.**

2 Congress finds the following:

3 (1) The opioid epidemic has led to a rise in
4 overdose deaths across the Nation.

5 (2) In 2017, the number of overdose deaths in-
6 volving opioids, including fentanyl, was 6 times high-
7 er than in 1999.

8 (3) The age-adjusted rate of drug overdose
9 deaths involving synthetic opioids other than metha-
10 done increased by 10 percent from 2017 to 2018.

11 (4) The COVID–19 pandemic has been associ-
12 ated with substance use. According to the Centers
13 for Disease Control and Prevention (CDC), 13 per-
14 cent of surveyed adults had started or increased sub-
15 stance use to cope with stress or emotions related to
16 COVID–19.

17 (5) Federal agencies, along with Federal, State,
18 and local lawmakers, have worked together to re-
19 spond to the rise in overdose deaths through in-
20 creased funding and targeted policy initiatives.

21 (6) This includes the successful passage of the
22 Comprehensive Addiction and Recovery Act of 2016
23 (CARA), the 21st Century Cures Act, and the Sub-
24 stance Use-Disorder Prevention that Promotes
25 Opioid Recovery and Treatment for Patients and

1 Communities Act (SUPPORT for Patient and Com-
2 munities Act).

3 (7) These efforts have helped prevent, treat,
4 and combat the opioid epidemic, but the rise in over-
5 dose deaths involving synthetic opioids like fentanyl
6 means that not all communities are seeing a reduc-
7 tion in fatalities.

8 (8) Drug overdose deaths in the United States
9 involving fentanyl have risen from 2011 through
10 2016, growing from 1,600 fentanyl overdose related
11 deaths in 2011 and 2012 to 18,000 deaths in 2016.

12 (9) This rise in fentanyl overdose related deaths
13 has disproportionately impacted communities of
14 color.

15 (10) According to the Centers for Disease Con-
16 trol and Prevention (CDC), drug overdose death
17 rates involving fentanyl for non-Hispanic African
18 Americans had the largest annual percentage in-
19 crease from 2011 to 2016 at 140.6 percent per year,
20 followed by Hispanic persons at 118.3 percent per
21 year. Fentanyl-involved overdose rates for non-His-
22 panic White persons increased by 108.8 percent
23 from 2013 to 2016.

24 (11) According to the CDC, rates of drug over-
25 dose deaths involving fentanyl increased exponen-

1 tially from 2011 through 2016 for most regions of
2 the United States.

3 (12) Fentanyl is increasingly being identified in
4 nonopioid substances, like methamphetamine and co-
5 caine.

6 (13) By 2017, over half of heroin and cocaine
7 overdose death records involved synthetic opioids.

8 (14) Previous policies to counter the widespread
9 use of illicit substances through tougher sentencing
10 guidelines disproportionately impact communities of
11 color.

12 (15) There is a growing need for a comprehen-
13 sive plan focused on monitoring, researching, treat-
14 ing, and preventing fentanyl overdose deaths.

15 (16) Taking a public health approach to revers-
16 ing overdose death trends and promoting equity
17 should emphasize increasing research and expanding
18 access to treatment.

19 **TITLE I—FENTANYL RESEARCH** 20 **AND EDUCATION**

21 **SEC. 101. ENHANCED FENTANYL SURVEILLANCE.**

22 (a) IN GENERAL.—The Director of the Centers for
23 Disease Control and Prevention shall enhance the drug
24 surveillance program of the Centers by—

1 (1) expanding such surveillance program to in-
2 clude all 50 States, the territories of the United
3 States, and all Tribes and Tribal organizations;

4 (2) increasing and accelerating the collection of
5 data on fentanyl, fentanyl-related substances, other
6 synthetic opioids, and new emerging drugs of abuse,
7 including related overdose data from medical exam-
8 iners and drug treatment admissions and informa-
9 tion regarding drug seizures; and

10 (3) utilizing available and emerging information
11 on fentanyl, fentanyl-related substances, other syn-
12 thetic opioids, and new emerging drugs of abuse, in-
13 cluding information from—

14 (A) the National Drug Early Warning Sys-
15 tem;

16 (B) State and local public health authori-
17 ties;

18 (C) Federal, State, and local public health
19 laboratories; and

20 (D) drug seizures by Federal, State, and
21 local law enforcement agencies, including infor-
22 mation from the National Seizure System and
23 the National Forensic Laboratory Information
24 System of the Drug Enforcement Administra-
25 tion.

1 (b) INFORMATION SHARING.—The Director of the
2 Centers for Disease Control and Prevention shall share
3 the information collected through the drug surveillance
4 program of the Centers with entities including the Office
5 of National Drug Control Policy, State and local public
6 health agencies, and Federal, State, and local law enforce-
7 ment agencies.

8 (c) LAW ENFORCEMENT REPORTING.—Each Federal
9 law enforcement agency shall report information on all
10 drug seizures by that agency to the Drug Enforcement
11 Administration for inclusion in the National Seizure Sys-
12 tem.

13 (d) GAO REPORT.—Not later than 2 years after the
14 date of enactment of this Act, the Comptroller General
15 of the United States shall—

16 (1) publish a report analyzing how Federal
17 agencies can improve their collection, reporting,
18 sharing, and analytic use of drug seizure data across
19 Federal agencies and with State and local govern-
20 ments; and

21 (2) include in such report an analysis of how
22 well available data on drug seizures can measure
23 progress toward reducing drug trafficking into and
24 within the country, as outlined in strategies such as

1 the National Drug Control Strategy of the Office of
2 National Drug Control Policy.

3 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
4 out this section, there is authorized to be appropriated
5 \$125,000,000 for each of fiscal years 2022 through 2026.

6 **SEC. 102. COLLECTION OF OVERDOSE DATA.**

7 (a) IN GENERAL.—Not later than one year after the
8 date of enactment of this Act, the Secretary shall conduct
9 a study on how to most efficiently track overdoses by type
10 of drug, including fentanyl.

11 (b) GRANT PROGRAM.—

12 (1) IN GENERAL.—Upon completion of the
13 study under subsection (a), and taking into consider-
14 ation the results of such study, the Secretary shall
15 award grants to States to facilitate the collection of
16 data with respect to fentanyl-involved overdoses.

17 (2) REQUIREMENT.—As a condition on receipt
18 of a grant under this subsection, an applicant shall
19 agree to share the data collected pursuant to the
20 grant with the Centers for Disease Control and Pre-
21 vention.

22 (3) PREFERENCE.—In awarding grants under
23 this subsection, the Secretary shall give preference
24 to applicants whose grant proposals demonstrate the

1 greatest need for collecting timely and accurate data
2 on overdoses.

3 **SEC. 103. FENTANYL DETECTION.**

4 (a) TESTING OF CONTAMINANTS.—

5 (1) IN GENERAL.—The Secretary, acting
6 through the Assistant Secretary and in coordination
7 with the Director of the Centers for Disease Control
8 and Prevention, shall establish a pilot program
9 through which 5 entities, in 5 States representing
10 diverse regions, use chemical screening devices to
11 identify contaminants, including fentanyl and
12 fentanyl-related substances, in illicit street drugs.

13 (2) EVALUATION.—Not later than the end of
14 fiscal year 2025, the Secretary shall—

15 (A) complete an evaluation of the most ef-
16 fective ways of expanding the pilot program
17 under this subsection to decrease rates of over-
18 dose; and

19 (B) submit a report to the appropriate
20 congressional committees on the results of such
21 evaluation.

22 (3) DEFINITION.— In this subsection, the term
23 “chemical screening device” means an infrared spec-
24 trophotometer, mass spectrometer, nuclear magnetic
25 resonance spectrometer, Raman spectrophotometer,

ion mobility spectrometer, or any other device or other technology that is able to determine the presence of, or identify, one or more contaminants in illegal street drugs.

(4) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there is authorized to be appropriated \$5,000,000 for each of fiscal years 2022 through 2026.

(b) RESEARCH INTO TECHNOLOGIES.—

(1) IN GENERAL.—The Secretary shall conduct or support research for the development or improvement of portable and affordable technologies related to testing drugs for fentanyl and fentanyl-related substances, including chemical screening device methods.

(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2022 through 2026.

SEC. 104. GAO REPORT ON INTERNATIONAL MAIL AND CARGO SCREENING.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report reviewing the impact of illicit fentanyl and fentanyl-related substances imported

1 through international mail and cargo, including discussion
2 of the following:

3 (1) The volume of fentanyl and fentanyl-related
4 substances being imported into the United States by
5 means of international mail and cargo.

6 (2) The potential impact of increased screening
7 for illicit fentanyl and fentanyl-related substances
8 on—

9 (A) deterring drug trafficking in the
10 United States;

11 (B) interdicting fentanyl and fentanyl-re-
12 lated substances that were manufactured out-
13 side of the United States and intended, or at-
14 tempted, to be imported into the United States;

15 (C) the number of Federal criminal pros-
16 ecutions based on the manufacture, distribu-
17 tion, or possession of fentanyl or fentanyl-re-
18 lated substances, disaggregated by demographic
19 data, including sex, race, and ethnicity, of the
20 offender;

21 (D) the charges brought in prosecutions
22 described in subparagraph (C);

23 (E) the impacts of prosecutions described
24 in subparagraph (C) on reducing demand for,

1 and availability to users of, fentanyl and
2 fentanyl-related substances; and

3 (F) the development of new fentanyl-re-
4 lated substances.

5 (3) The need for non-invasive technology in
6 screening for fentanyl and fentanyl-related sub-
7 stances, taking into account the findings under para-
8 graphs (1) and (2).

9 **SEC. 105. CONTINGENCY MANAGEMENT PROGRAM.**

10 (a) IN GENERAL.—The Secretary shall—

11 (1) develop and implement a program of using
12 contingency management principles to discourage
13 the use of illicit drugs; and

14 (2) as part of such program use incentive-based
15 interventions—

16 (A) to increase substance misuse treatment
17 retention; and

18 (B) to promote adherence to treatment
19 goals, including negative urinalysis.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there is authorized to be appropriated
22 \$25,000,000 for each of fiscal years 2022 through 2026.

1 **TITLE II—OVERDOSE PREVEN-**
 2 **TION AND SUBSTANCE USE**
 3 **DISORDER TREATMENT PRO-**
 4 **GRAMS**

5 **SEC. 201. NAM REPORT ON OVERDOSE PREVENTION CEN-**
 6 **TERS.**

7 Not later than one year after the date of enactment
 8 of this Act, the Comptroller General of the United States
 9 shall enter into an arrangement with the National Acad-
 10 emy of Medicine (or, if the Academy declines, another ap-
 11 propriate entity) to—

12 (1) submit to Congress a report on overdose
 13 prevention centers; and

14 (2) include in such report—

15 (A) a review of the effectiveness of legally
 16 authorized overdose prevention centers in the
 17 United States and abroad on lowering overdose
 18 deaths; and

19 (B) an assessment of the effectiveness of
 20 overdose prevention centers on improving access
 21 to medication-assisted treatment and recovery
 22 services.

23 **SEC. 202. NALOXONE.**

24 (a) NALOXONE PRICING TRANSPARENCY.—

1 (1) REPORTING REQUIREMENT.—Not later than
2 the date that is one year after the date of enactment
3 of this Act, and annually thereafter, to better under-
4 stand how research and development costs, manufac-
5 turing and marketing costs, acquisitions, Federal in-
6 vestments, revenues and sales, and other factors in-
7 fluence drug prices, each manufacturer of naloxone
8 or any other drug approved by the Food and Drug
9 Administration for opioid overdose reversal shall re-
10 port to the Secretary—

11 (A) with respect to naloxone (or such other
12 drug)—

13 (i) total expenditures of the manufac-
14 turer on—

15 (I) materials and manufacturing
16 for such drug;

17 (II) acquiring patents and licens-
18 ing; and

19 (III) costs to purchase or acquire
20 the drug from another company, if ap-
21 plicable;

22 (ii) the percentage of total expendi-
23 tures of the manufacturer on research and
24 development for such drug that was de-
25 rived from Federal funds;

1 (iii) the total expenditures of the man-
2 ufacturer on research and development for
3 such drug;

4 (iv) the total revenue and net profit
5 generated from the applicable drug for
6 each calendar year since drug approval;

7 (v) the total expenditures of the man-
8 ufacturer that are associated with mar-
9 keting and advertising for such drug;

10 (vi) the wholesale acquisition cost for
11 such drug;

12 (vii) the average out-of-pocket cost of
13 such drug to the consumer; and

14 (viii) patient utilization rates for such
15 drug; and

16 (B) additional information specific to the
17 manufacturer as the Secretary may require, to
18 include at a minimum—

19 (i) the total revenue and net profit of
20 the manufacturer for the reporting period;

21 (ii) metrics used to determine execu-
22 tive compensation; and

23 (iii) any additional information related
24 to drug pricing decisions of the manufac-
25 turer, such as total expenditures on—

1 (I) drug research and develop-
 2 ment; or

3 (II) clinical trials on drugs that
 4 failed to receive approval by the Food
 5 and Drug Administration.

6 (2) REPORTING PERIOD.—The reporting period
 7 for the reports under paragraph (1) shall be as fol-
 8 lows:

9 (A) For the initial report under paragraph
 10 (1), the 10-year period preceding the report.

11 (B) For subsequent reports, the 12-month
 12 period preceding the respective reports.

13 (3) PUBLICLY AVAILABLE.—

14 (A) IN GENERAL.—Subject to subpara-
 15 graph (B), not later than 30 days after receiv-
 16 ing the information under paragraph (1), the
 17 Secretary shall post on the internet website of
 18 the Centers for Medicare & Medicaid Services
 19 the information reported under paragraph (1)
 20 in written format and using language that is
 21 easily understandable by beneficiaries under ti-
 22 tles XVIII and XIX of the Social Security Act
 23 (42 U.S.C. 1395 et seq.; 1396 et seq.).

24 (B) EXCLUSION OF PROPRIETARY INFOR-
 25 MATION.—The Secretary shall exclude propri-

1 etary information, such as trade secrets and in-
2 tellectual property, submitted by the manufac-
3 turer under paragraph (1) from the posting de-
4 scribed in subparagraph (A).

5 (b) STUDY ON CLASSIFICATION OF NALOXONE AS A
6 PRESCRIPTION DRUG.—The Commissioner of Food and
7 Drugs shall—

8 (1) not later one year after the date of enact-
9 ment of this Act, determine whether naloxone should
10 remain subject to the requirements of section
11 503(b)(1) of the Federal Food, Drug, and Cosmetic
12 Act (21 U.S.C. 353(b)(1)) or be reclassified as an
13 over-the-counter drug; and

14 (2) take such actions as may be appropriate,
15 consistent with such determination.

16 **SEC. 203. GOOD SAMARITAN IMMUNITY.**

17 (a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
18 UALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL
19 DRUGS.—

20 (1) IN GENERAL.—Notwithstanding any other
21 provision of law, except as provided in paragraph
22 (2), no individual shall be liable in any Federal or
23 State proceeding for harm caused by the emergency
24 administration of an opioid overdose reversal drug to
25 an individual who has or reasonably appears to have

1 suffered an overdose from heroin or another opioid,
2 if—

3 (A) the individual who administers the
4 opioid overdose reversal drug obtained the drug
5 from—

6 (i) a health care professional as part
7 of an opioid overdose prevention program;
8 or

9 (ii) any source as permitted under ap-
10 plicable State law; or

11 (B) the individual administers the opioid
12 overdose reversal drug in good faith.

13 (2) EXCEPTION.—Paragraph (1) shall not
14 apply to an individual if the harm was caused by the
15 gross negligence or reckless misconduct of the indi-
16 vidual who administers the drug.

17 (3) DEFINITIONS.—In this subsection:

18 (A) The term “health care professional”
19 means a person licensed by a State to prescribe
20 prescription drugs.

21 (B) The term “opioid overdose reversal
22 drug” means a drug approved under section
23 505 of the Federal Food, Drug, and Cosmetic
24 Act (21 U.S.C. 355) that is indicated for the
25 partial or complete reversal of the pharma-

1 cological effects of an opioid overdose in the
2 human body.

3 (C) The term “opioid overdose prevention
4 program” means a program operated by a local
5 health department, harm reduction or other
6 community-based organization, substance abuse
7 treatment organization, law enforcement agen-
8 cy, fire department, other first responder de-
9 partment, or voluntary association, or a pro-
10 gram funded by a Federal, State, or local gov-
11 ernment, that works to prevent opioid overdoses
12 by in part providing opioid overdose reversal
13 drugs and education—

14 (i) to individuals at risk of experi-
15 encing an opioid overdose; or

16 (ii) to an individual in a position to
17 assist another individual at risk of experi-
18 encing an opioid overdose.

19 (b) IMMUNITY FROM LIABILITY.—

20 (1) IN GENERAL.—An individual who, in good
21 faith and in a timely manner—

22 (A) seeks medical assistance for another
23 individual who is experiencing a drug overdose
24 shall not be cited, arrested, prosecuted, crimi-
25 nally liable, or subject to any sanction for a vio-

1 lation of a condition of supervised release under
2 section 404 of the Controlled Substances Act
3 (21 U.S.C. 844) for the possession or use of a
4 controlled substance, or under any other provi-
5 sion of Federal law regulating the misuse of
6 prescription drugs, as a result of seeking such
7 medical assistance; or

8 (B) seeks medical assistance for himself or
9 herself for a drug overdose, or is the subject of
10 a request for medical assistance described in
11 subparagraph (A), shall not be cited, arrested,
12 prosecuted, criminally liable, or subject to any
13 sanction for a violation of a condition of super-
14 vised release, under section 404 of the Con-
15 trolled Substances Act (21 U.S.C. 844) for the
16 possession or use of a controlled substance, or
17 under any other provision of Federal law regu-
18 lating the misuse of prescription drugs, as a re-
19 sult of seeking such medical assistance.

20 (2) PREEMPTION.—This subsection preempts
21 the laws of a State or any political subdivision of a
22 State to the extent that such laws are inconsistent
23 with this section, unless such laws provide greater
24 protection from liability.

25 (3) DEFINITIONS.—In this section:

1 (A) The term “controlled substance” has
2 the meaning given the term in section 102 of
3 the Controlled Substances Act (21 U.S.C. 802).

4 (B) The term “drug overdose” means an
5 acute condition resulting from or believed to be
6 resulting from the use of a controlled sub-
7 stance, which an individual, who is not a health
8 care professional, would reasonably believe re-
9 quires medical assistance.

10 (C) The term “prescription drug” means a
11 drug subject to section 503(b)(1) of the Federal
12 Food, Drug, and Cosmetic Act (21 U.S.C.
13 353(b)(1)).

14 (D) The terms “seeks medical assistance”
15 and “seeking such medical assistance” in-
16 clude—

17 (i) reporting a drug or alcohol over-
18 dose or other medical emergency to a law
19 enforcement authority, the 9–1–1 system,
20 a poison control center, or a medical pro-
21 vider;

22 (ii) assisting another individual who is
23 making a report described in clause (i); or

24 (iii) providing care to someone who is
25 experiencing a drug or alcohol overdose or

1 other medical emergency while awaiting
2 the arrival of medical assistance.

3 (c) SEEKING ASSISTANCE AS A MITIGATING FAC-
4 TOR.—Section 3553 of title 18, United States Code, is
5 amended—

6 (1) by redesignating subsection (g) as sub-
7 section (h); and

8 (2) by inserting after subsection (f) the fol-
9 lowing:

10 “(g) SEEKING MEDICAL ASSISTANCE.—

11 “(1) IN GENERAL.—Notwithstanding any other
12 provision of law, in imposing a sentence pursuant to
13 guidelines promulgated by the United States Sen-
14 tencing Commission under section 994 of title 28
15 against a defendant convicted of an offense as a re-
16 sult of seeking medical assistance for another indi-
17 vidual who is experiencing a drug overdose, or for
18 himself or herself for a drug overdose, other than an
19 offense described in section 203(b)(1)(A) of the
20 STOP Fentanyl Act of 2021, the court shall con-
21 sider the act of seeking medical assistance as a miti-
22 gating factor.

23 “(2) DEFINITIONS.—In this subsection, the
24 terms ‘drug overdose’ and ‘seeking medical assist-

1 ance’ have the meanings given to such terms in sec-
 2 tion 203(b) of the STOP Fentanyl Act of 2021.”.

3 **SEC. 204. MEDICATION-ASSISTED TREATMENT.**

4 (a) OPIOID TREATMENT PROGRAM REGULATIONS.—

5 (1) DEFINITION.—In this subsection, the term
 6 “opioid treatment program” means a program or
 7 practitioner engaged in opioid treatment of individ-
 8 uals with an opioid agonist treatment medication
 9 registered under section 303(g)(1) of the Controlled
 10 Substances Act (21 U.S.C. 823(g)(1)).

11 (2) ELIMINATION OF PATIENT ELIGIBILITY RE-
 12 QUIREMENT.—The Secretary shall amend section
 13 8.12(e)(1) of title 42, Code of Federal Regulations
 14 (and such other regulations in part 8 of such title
 15 42 as may be necessary) to eliminate the require-
 16 ment that the person became addicted at least 1
 17 year before admission for maintenance treatment
 18 under an opioid treatment program.

19 (3) SURVEY.—

20 (A) IN GENERAL.—Not later than one year
 21 after the date of enactment of this Act, the As-
 22 sistant Secretary shall—

23 (i) complete a survey of the use in
 24 opioid treatment programs of “take-home”
 25 prescription medications; and

1 (ii) submit a report to Congress on
2 the findings of the survey.

3 (B) REQUIRED ASSESSMENT.—The survey
4 under paragraph (1) shall assess—

5 (i) the frequency of use of “take-
6 home” medication, as allowed under sec-
7 tion 8.12(i) of title 42, Code of Federal
8 Regulations;

9 (ii) the extent to which the limitations
10 on doses for “take-home” use listed in sec-
11 tion 8.12(i)(3)(i), (ii), (iii), and (iv) of such
12 title 42 unduly burden treatment of indi-
13 viduals with opioid use disorder; and

14 (iii) whether and how individuals re-
15 ceiving medications for “take-home” use
16 receive all services listed in section 8.12(f)
17 of such title 42.

18 (b) TREATMENT IN RURAL AND UNDERSERVED POP-
19 ULATIONS.—Not later than 1 year after the date of enact-
20 ment of this Act, the Assistant Secretary shall complete
21 a study and submit a report to Congress on ways in which
22 the Substance Abuse and Mental Health Services Admin-
23 istration can provide and support health services, includ-
24 ing treatment for substance use disorders, to individuals
25 in rural (including agricultural) and medically underserved

1 communities (as defined in section 799B of the Public
2 Health Service Act (42 U.S.C. 295p)), taking into account
3 the following:

4 (1) Stigma.

5 (2) Using data.

6 (3) Telemedicine.

7 (4) Managing fiscal resources in a community
8 impacted by addiction.

9 (5) Workforce development.

10 (6) Broadband.

11 (7) Overcoming economic challenges.

12 (8) Prevention.

13 (9) Transportation.

14 (10) Nutritional services.

15 (11) Medication-assisted treatment.

16 (12) Educating law enforcement personnel
17 about addiction.

18 (13) Drug courts.

19 (14) Educating the faith community about ad-
20 diction.

21 (15) Recovery support.

22 (16) Housing.

23 (17) Harm reduction services.

24 (c) PRISONS AND MEDICATION-ASSISTED TREAT-
25 MENT.—

1 (1) IN GENERAL.—The Director of the Bureau
2 of Prisons shall establish a program to offer—

3 (A) medication-assisted treatment for
4 opioid use disorder to individuals in the custody
5 of the Bureau of Prisons and include in such
6 treatment all drugs that are approved by the
7 Food and Drug Administration to treat opioid
8 use disorder; and

9 (B) withdrawal management services to in-
10 dividuals in the custody of the Bureau of Pris-
11 ons to provide a comprehensive treatment ap-
12 proach to substance use disorders.

13 (2) AUTHORIZATION OF APPROPRIATIONS.—To
14 carry out this subsection, there is authorized to be
15 appropriated to the Director of the Bureau of Pris-
16 ons \$150,000,000 for each of fiscal years 2022
17 through 2026.

18 (d) RESIDENTIAL SUBSTANCE ABUSE TREATMENT
19 FOR STATE PRISONERS.—Section 1904(d) of title I of the
20 Omnibus Crime Control and Safe Streets Act of 1968 (34
21 U.S.C. 10424(d)) is amended—

22 (1) by striking “means” and inserting the fol-
23 lowing:

24 “(1) means”; and

1 (2) by striking the period at the end and insert-
 2 ing “; and”; and

3 (3) by adding at the end the following:

4 “(2) includes any such course of comprehensive
 5 individual and group substance abuse treatment
 6 services using medication-assisted treatment for
 7 opioid use disorder (including the use of any drug
 8 approved or licensed by the Food and Drug Admin-
 9 istration for such treatment).”.

10 **SEC. 205. TELEHEALTH FOR SUBSTANCE USE DISORDER**
 11 **TREATMENT.**

12 Section 309(e)(2) of the Controlled Substances Act
 13 (21 U.S.C. 829(e)(2)) is amended—

14 (1) in subparagraph (A)(i)—

15 (A) by striking “at least 1 in-person med-
 16 ical evaluation” and inserting the following: “at
 17 least—

18 “(I) 1 in-person medical evalua-
 19 tion”; and

20 (B) by adding at the end the following:

21 “(II) for purposes of prescribing
 22 a controlled substance in schedule III
 23 or IV, 1 telehealth evaluation; or”;
 24 and

25 (2) by adding at the end the following:

1 “(D)(i) The term ‘telehealth evaluation’
2 means a medical evaluation that is conducted in
3 accordance with applicable Federal and State
4 laws by a practitioner (other than a phar-
5 macist) who is at a location remote from the
6 patient and is communicating with the patient
7 using a telecommunications system referred to
8 in section 1834(m) of the Social Security Act
9 (42 U.S.C. 1395m(m)) that includes, at a min-
10 imum, audio and video equipment permitting
11 two-way, real-time interactive communication
12 between the patient and distant site practi-
13 tioner.

14 “(ii) Nothing in clause (i) shall be con-
15 strued to imply that 1 telehealth evaluation
16 demonstrates that a prescription has been
17 issued for a legitimate medical purpose within
18 the usual course of professional practice.

19 “(iii) A practitioner who prescribes the
20 drugs or combination of drugs that are covered
21 under section 303(g)(2)(C) using the authority
22 under subparagraph (A)(i)(II) of this para-
23 graph shall adhere to nationally recognized evi-
24 dence-based guidelines for the treatment of pa-
25 tients with opioid use disorders and a diversion

1 control plan, as those terms are defined in sec-
2 tion 8.2 of title 42, Code of Federal Regula-
3 tions, as in effect on the date of enactment of
4 this subparagraph.”.

5 **SEC. 206. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

6 (a) IN GENERAL.—The Assistant Secretary, in con-
7 sultation with the Director of the Centers for Disease Con-
8 trol and Prevention, shall award grants to States, political
9 subdivisions of States, Tribes, Tribal organizations, and
10 community-based entities to support the delivery of over-
11 dose prevention, syringe services programs, and other
12 harm reduction services that address the harms of drug
13 misuse, including by—

14 (1) preventing and controlling the spread of in-
15 fectionous diseases, such as HIV/AIDS and viral hepa-
16 titis, and the consequences of such diseases for indi-
17 viduals with substance use disorder;

18 (2) distributing opioid antagonists, such as
19 naloxone, to individuals at risk of overdose;

20 (3) connecting individuals at risk for, or with,
21 a substance use disorder to overdose education,
22 counseling, and health education; and

23 (4) encouraging such individuals to take steps
24 to reduce the negative personal and public health
25 impacts of substance use or misuse.

1 (b) CONSIDERATIONS.—In awarding grants under
2 this section, the Assistant Secretary shall prioritize grants
3 to applicants that are—

4 (1) culturally specific organizations, Tribal be-
5 havioral health and substance use disorder providers,
6 or organizations that are intentional about serving
7 populations where COVID–19 has had the most im-
8 pact; or

9 (2) proposing to serve areas with—

10 (A) a higher proportion of the population
11 who meet criteria for dependence on, or abuse
12 of, illicit drugs;

13 (B) a higher drug overdose death rate;

14 (C) a greater telemedicine infrastructure
15 need; and

16 (D) a greater behavioral health and sub-
17 stance use disorder workforce need.

18 (c) USE OF GRANT AWARDS.—A recipient of a grant
19 under this section may use such grant funds for the fol-
20 lowing purposes:

21 (1) Adapt, maintain, and expand essential serv-
22 ices provided by harm reduction service organiza-
23 tions to address the risks of COVID–19, drug over-
24 dose, and contraction of infectious disease.

25 (2) Maintain or hire staff.

1 (3) Support program operational costs, includ-
2 ing staff, rent, and vehicle purchase or maintenance.

3 (4) Program supplies.

4 (5) Support and case management services.

5 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there is authorized to be appropriated
7 \$50,000,000 for fiscal year 2022, to remain available until
8 expended.

9 **SEC. 207. OPIOID TREATMENT EDUCATION.**

10 (a) IN GENERAL.—The Secretary shall award grants
11 to States and local governmental entities to provide edu-
12 cation to stakeholders, including health care providers,
13 criminal justice professionals, and substance use disorder
14 treatment personnel, on the current state of research on
15 treatment for opioid dependence, including—

16 (1) the use of opioid agonists or partial
17 agonists; and

18 (2) the potential benefits of the use of opioid
19 agonists or partial agonists for affected individuals.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there is authorized to be appropriated
22 \$100,000,000 for each of fiscal years 2022 through 2026.

1 **TITLE III—PUBLIC HEALTH**
2 **DATA AND TRAINING SUP-**
3 **PORT FOR FENTANYL DETEC-**
4 **TION**

5 **SEC. 301. PUBLIC HEALTH SUPPORT FOR LAW ENFORCE-**
6 **MENT.**

7 (a) SUPPORT FOR FENTANYL DETECTION AND HAN-
8 DLING.—The Secretary, in consultation with the Attorney
9 General, shall establish a program to provide to Federal,
10 State, and local law enforcement agencies public health
11 training on how to detect and handle fentanyl.

12 (b) EVIDENCE-BASED.—The program under sub-
13 section (a) shall comply with evidence-based guidelines, in-
14 cluding the “Fentanyl Safety Recommendations for First
15 Responders” (or any successor guidelines) of the Office
16 of National Drug Control Policy.

17 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
18 out this section, there is authorized to be appropriated
19 \$5,000,000 for each of fiscal years 2022 through 2026.

20 **SEC. 302. REPORT ON COUNTRIES THAT PRODUCE SYN-**
21 **THETIC DRUGS.**

22 Not later than 1 year after the date of enactment
23 of this Act, the Secretary of State shall submit to Con-
24 gress a report—

1 (1) identifying the countries the Secretary de-
 2 termines are the principal producers of synthetic
 3 drugs trafficked into the United States;

4 (2) assessing how and why those countries are
 5 producing such drugs; and

6 (3) describing measures the Secretary plans to
 7 take to reduce the flow of such drugs into the
 8 United States.

9 **SEC. 303. GRANTS TO IMPROVE PUBLIC HEALTH SURVEIL-**
 10 **LANCE IN FORENSIC LABORATORIES.**

11 Title I of the Omnibus Crime Control and Safe
 12 Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended
 13 by adding at the end the following:

14 **“PART PP—CONFRONTING THE USE OF HEROIN,**
 15 **FENTANYL, AND ASSOCIATED SYNTHETIC DRUGS**
 16 **“SEC. 3061. AUTHORITY TO MAKE GRANTS TO ADDRESS**
 17 **PUBLIC SAFETY THROUGH IMPROVED FO-**
 18 **RENSIC LABORATORY DATA.**

19 “(a) PURPOSE.—The purpose of this section is to as-
 20 sist States and units of local government in—

21 “(1) carrying out programs to improve surveil-
 22 lance of seized heroin, fentanyl, and associated syn-
 23 thetic drugs to enhance public health; and

1 “(2) improving the ability of State, tribal, and
2 local government institutions to carry out such pro-
3 grams.

4 “(b) GRANT AUTHORIZATION.—The Attorney Gen-
5 eral, acting through the Director of the Bureau of Justice
6 Assistance, may make grants to States and units of local
7 government to improve surveillance of seized heroin,
8 fentanyl, and associated synthetic drugs to enhance public
9 health.

10 “(c) GRANT PROJECTS TO IMPROVE SURVEILLANCE
11 OF SEIZED HEROIN, FENTANYL, AND ASSOCIATED SYN-
12 THETIC DRUGS.—Grants made under subsection (b) shall
13 be used for programs, projects, and other activities to—

14 “(1) reimburse State, local, or other forensic
15 science laboratories to help address backlogs of un-
16 tested samples of heroin, fentanyl, and associated
17 synthetic drugs;

18 “(2) reimburse State, local, or other forensic
19 science laboratories for procuring equipment, tech-
20 nology, or other support systems if the applicant for
21 the grant demonstrates to the satisfaction of the At-
22 torney General that expenditures for such purposes
23 would result in improved efficiency of laboratory
24 testing and help prevent future backlogs;

1 “(3) reimburse State, local, or other forensic
2 science laboratories for improved, real-time data ex-
3 change with the Centers for Disease Control and
4 Prevention on fentanyl, fentanyl-related substances,
5 and other synthetic drugs present in the local com-
6 munities; and

7 “(4) support State, tribal, and local health de-
8 partment services deployed to address the use of
9 heroin, fentanyl, and associated synthetic drugs.

10 “(d) LIMITATION.—Not less than 60 percent of the
11 amounts made available to carry out this section shall be
12 awarded for the purposes under paragraph (1) or (2) of
13 subsection (c).

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 \$10,000,000 for each of fiscal years 2022 and 2023.

17 “(f) ALLOCATION.—

18 “(1) POPULATION ALLOCATION.—Seventy-five
19 percent of the amount made available to carry out
20 this section in a fiscal year shall be allocated to each
21 State that meets the requirements of section 2802
22 so that each State shall receive an amount that
23 bears the same ratio to the 75 percent of the total
24 amount made available to carry out this section for

1 that fiscal year as the population of the State bears
2 to the population of all States.

3 “(2) DISCRETIONARY ALLOCATION.—Twenty-
4 five percent of the amount made available to carry
5 out this section in a fiscal year shall be allocated
6 pursuant to the discretion of the Attorney General
7 for competitive grants to States or units of local gov-
8 ernment with high rates of primary treatment ad-
9 missions for heroin and other opioids, for use by
10 State or local law enforcement agencies.

11 “(3) MINIMUM REQUIREMENT.—Each State
12 shall receive not less than 0.6 percent of the amount
13 made available to carry out this section in each fis-
14 cal year.

15 “(4) CERTAIN TERRITORIES.—

16 “(A) IN GENERAL.—For purposes of the
17 allocation under this section, American Samoa
18 and the Commonwealth of the Northern Mar-
19 iana Islands shall be considered as 1 State.

20 “(B) ALLOCATION AMONGST CERTAIN TER-
21 RITORIES.—For purposes of subparagraph (A),
22 67 percent of the amount allocated shall be al-
23 located to American Samoa and 33 percent

- 1 shall be allocated to the Commonwealth of the
- 2 Northern Mariana Islands.”.

